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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEES TRANSMITTAL For FY 2007		Application Number	10/708,441-Conf. #2440
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 3, 2004
TOTAL AMOUNT OF PAYMENT (\$ 400.00)		First Named Inventor	Peter Ohnemus
		Examiner Name	D. S. M. Meinecke
		Art Unit	3694
		Attorney Docket No.	2018/0200853-US0

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 04-0100	Deposit Account Name:	Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	50	25
Multiple dependent claims	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
63	- 55 = 8	x 50.00 =	400.00			
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
7	- 7 = 0	x 200.00 =	0.00			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

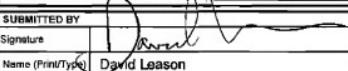
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge)

SUBMITTED BY		Registration No. (Attorney/Agent)	36,195	Telephone	(212) 527-7700
Signature				Date	April 5, 2007
Name (Print/Type)	David Leason				

AMENDMENT TRANSMITTAL LETTER					Docket No. 20118/0200853-US0
Application No. 10/708,441-Conf. #2440	Filing Date March 3, 2004	Examiner D. S. M. Meinecke			Art Unit 3694
Applicant(s): Peter Ohnemus et al.					
Invention: SUSTAINABILITY RATINGS AND BENCHMARKING FOR LEGAL ENTITIES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	63	- 55 =	8	x 50.00	400.00
Independent Claims	7	- 7 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): _____					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					400.00
<input checked="" type="checkbox"/> Large Entity	<input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. 04-0100 in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 David Leason Attorney/Agent Reg. No.: 36,195					
Dated: April 5, 2007					
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7700					
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